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## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

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County Jackson Begisterido District No. 1014 Broadway City Kensas City (No. 1014 Broadway) 2. FULL NAME Mrs. Sarah Jane McGormick (a) Registered No. 1014 Broadway 2. FULL NAME Mrs. Sarah Jane McGormick (a) Registered No. 1014 Broadway Length of residence in city or town where death occurred 1 Cyra. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AN	1. PLACE OF DEATH			100		. ノ
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(a) Residence, No. 1014 Broadway  Length of residence is abody)  Length of residence in city or town where death occurred 16yrs. mos.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  A COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVOKED (write the word)  Female White Widowed  5. IF MARRIED, WIDOWED, OR DIVORCED (write the word)  Widowed  5. IF MARRIED, WIDOWED, OR DIVORCED (write the word)  Wildowed  5. IF MARRIED, WIDOWED, OR DIVORCED (write the word)  Wildowed  5. IF MARRIED, WIDOWED, OR DIVORCED (write the word)  Wildowed  5. IF MARRIED, WIDOWED, OR DIVORCED (write the word)  Wildowed  5. IF MARRIED, WIDOWED, OR DIVORCED (write the word)  Wildowed  5. IF MARRIED, WIDOWED, OR DIVORCED (write the word)  Wildowed  5. IF MARRIED, WIDOWED, OR DIVORCED (write the word)  Wildowed  5. IF MARRIED, WIDOWED, OR DIVORCED (write the word)  Wildowed  5. IF MARRIED, WIDOWED, OR DIVORCED (write the word)  Wildowed  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  Feb 26, 1937  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  Feb 26, 1937  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  Feb 26, 1937  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  Feb 26, 1937  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  Feb 26, 1937  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  Feb 26, 1937  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  Feb 26, 1937  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  Feb 26, 1937  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  Feb 26, 1937  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  Feb 26, 1937  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  Feb 26, 1937  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  Feb 26, 1937  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  Feb 26, 1937  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  Feb 26, 1937  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  Feb 26, 1937  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  Feb 26, 1937  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  Feb 26, 1937  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  Feb 26, 1937  1. DATE OF DEATH (MORTH, DAY, AND YEAR)  Feb 26, 1937  1. D	H					
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Female White Divorce (write the word)  5a. If MARINER WIDOWED, OR DIVORCED (LANGE OF MICE)  5b. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE YEARS MONTHS DAYS IT LESS than I day, bre. By Text of the principal cause of death and related causes of importance were as follow work was done, as silk mill, saw mill, bank, etc.  10. Date decased last worked at 11. Total time (years) saw mill, bank, etc.  11. BIRTHPLACE (CITY OR TOWN) Wat SON DEWN Penn.  12. BIRTHPLACE (CITY OR TOWN) Wat SON DEWN Penn.  13. NAME I. E. MC Farl and Wat test confirmed diagnosis.  14. BIRTHPLACE (CITY OR TOWN) Was there as autopay?  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN) Was there as autopay?  17. INFORMANT 11. S.S. Sargh M. M. Carnt (Address)  18. BURNAL, CREMATION, OR REMOVAL PLACE JON 1 in Jacob Date 1 in Jones of injury.  19. INFORMANT 11. S.S. Sargh M. M. Carnt (Address)  19. UNDERTAKER D. M. New Comer! S. Sons (Signed)  M. I. S. Sargh M. M. E. (Signed)  M. I. So, Selfy div. of two, county, and State)  19. UNDERTAKER D. M. New Comer! S. Sons (Signed)  M. I. So, Selfy div. M. I. So, Selfy div. of two, county, and State)  Signed M. I. So, Selfy div. of two, county, and State)  19. UNDERTAKER D. M. New Comer! S. Sons (Signed)  M. I. S. Sargh M. M. I. So, Selfy div. M. I. So, Selfy div. of two, county, and State)  19. UNDERTAKER D. M. New Comer! S. Sons (Signed)  M. I. S. Sargh M. M. I. So, Selfy div. M. I. Selfy div. M. I	PERSONAL AND STA	ATISTICAL PARTICI	ULARS	MEDICAL CERT	IFICATE OF DEATH	
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7. AGE YEARS MONTHS DAYS IT LESS than I day,						
Bete of eace  84 1 11 day,			1853			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as spinner, sawyer, bookkeeper, etc.  10. Date deceased last worked at this occupation (month and year).  11. Total time (years) this occupation (month and year).  12. BIRTHPLACE (CITY OR TOWN).  (STATE OR COUNTRY)  13. NAME  14. BIRTHPLACE (CITY OR TOWN).  15. MAIDEN NAME  15. MC Farland  16. BIRTHPLACE (CITY OR TOWN).  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL PLACE  19. IN A BURIAL, CREMATION, OR REMOVAL PLACE  19. UNDERTAKER  19. We was done, as silk mill, saying the part in this occupation.  19. What test confirmed diagnosis?  Was there an autopay?  22. If death was due to external causes (violence), fill in also the following:  (S'actify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury Nature of injur	1 1507	ONTHS DAYS			7	Date of once
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STATE OR COUNTRY)   Penn.	·					_
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15. MAIDEN NAME  UNKNOWN  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  (ADDRESS)  18. BURIAL, CREMATION, OR REMOVAL  PLACE  JOPLIN, MODERTAKER  D. W. Newcomer! S. Sons  (Signed)  Accident, suicide, or homicide?  Where did injury occur?  (Signed)  Where did injury occur?	(STATE OR COUNTRY)	Irelan	d			
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17. INFORMANT Miss Sarah McCann  (ADDRESS) 1014 Breadway  18. BURIAL, CREMATION, OR REMOVAL  PLACE Joplin, Mo. DATE 19  19. UNDERTAKER D. W. Newcomer's Sons (Signed) (Signed) Manner of injury way related to occupation of deceared? Mo. If so, specify M. I.	0 16. BIRTHPLACE (CITY OR TOWN)  STATE OR COUNTRY)	)		(S)	ecily city or town, county, and	i State)
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